

913155



# **DRUNK DRIVING IN MARYLAND**

**A Report of the Governor's Executive Committee  
on Drunk and Drugged Driving**

January 1991



STATE OF MARYLAND  
OFFICE OF THE GOVERNOR

WILLIAM DONALD SCHAEFER  
GOVERNOR

Dear Citizens of Maryland:

I am pleased to endorse this, the First Annual Report of the Governor's Executive Committee on Drunk and Drugged Driving, chaired by Colonel Elmer Tippet, Superintendent, Maryland State Police. I commend the Committee for the fine work it is accomplishing.

Drug and alcohol abuse has received considerable attention from Maryland state government in the past several years, and will continue to do so in the future. Drunk and drugged driving is but one part of that problem, one which has been with us for many years and one for which we are still working to find solutions.

Drunk and drugged driving affects all of us in many ways, if not personally then economically. The impact on families which have lost loved ones because of such drivers is devastating and bitter. The economic losses to our businesses and the economic costs to our governments are enormous.

In past years information needed for strategic planning has not always been readily available in easily usable form for governmental and business decision-makers, and the public, in addressing the problem of the drunk and drugged driver. It is hoped that this Report will begin the process of filling this void. It is expected that annual reports in the years to come will spur the enlargement and improvement of our information base and permit better analyses and evaluation of where we are, where we need to go, and what we need to do to stop people from mixing alcohol, drugs and driving.

Sincerely,

*William Donald Schaefer*  
Governor

Governor's Executive Committee on Drunk  
and Drugged Drivers

Colonel Elmer Tippet, Chair  
Superintendent  
Maryland State Police Headquarters  
1201 Reisterstown Road  
Pikesville MD 21208  
653-4219  
Fax #653-4269

Dennis Atkins  
Deputy Director  
Office of Transportation Planning  
P. O. Box 8755  
BWI Airport  
Baltimore MD 21240  
859-7336  
Fax #859-7615

Frank Altobelli  
Administrator  
U.S. Department of Transportation  
National Highway Traffic Safety  
Administration  
Region III  
7526 Connelley Drive  
Suite L  
Hanover MD 21076  
768-7111  
Fax #768-7118

Dr. Yale Caplan, Ph.D.  
Chief Toxicologist  
111 Penn Street  
Baltimore MD 21201  
333-3240  
Fax #333-3063

Peter C. Cobb  
Executive Assistant for Public Safety  
Office of the Governor  
301 W. Preston Street, 15th floor  
Baltimore MD 21201  
225-4806  
Fax #333-5924

Page 2

Carole Hinkel  
Division of Parole & Probation  
6776 Reisterstown Road  
Suite 305  
Baltimore MD 21215  
764-4310  
Fax #764-4039

Melvin Holmes  
Motor Vehicle Administration  
MVA Building  
Room 200  
Glen Burnie MD 21062  
768-7689  
Fax #768-7506

Ron Lipps  
Department of Transportation  
P. O. Box 8755  
BWI Airport  
Baltimore MD 21240  
859-7160  
Fax #859-7615

Howard B. Merker  
Baltimore County State's  
Attorneys Office  
County Courts Building  
401 Bosley Avenue  
Towson MD 21204  
887-6660  
Fax #887-6646

Annette Rentz  
Department of Health & Mental Hygiene  
201 West Preston Street  
Baltimore MD 21201  
225-6901  
Fax #225-6489

W. Marshall Rickert  
Administrator  
Motor Vehicle Administration  
Room 200, MVA Building  
Glen Burnie MD 21062  
768-7274  
Fax #768-7506

Page 3

Henry L. Templeton  
Director  
Division of Parole & Probation  
6776 Reisterstown Road  
Suite 305  
Baltimore MD 21215  
764-4276  
Fax #764-4039

First Sergeant Bill Tower  
Maryland State Police Headquarters  
1201 Reisterstown Road  
Pikesville MD 21208  
653-4387  
Fax #653-4269

Judge James Vaughan  
District Court of Maryland  
3451 Courthouse Drive  
Ellicott City MD 21043  
461-0220  
Fax #750-6381

Dr. Charles F. Wellford  
Director  
Institute of Criminal Justice  
and Criminology  
University of Maryland  
Room 2220, Social Science Building  
College Park MD 20742  
405-4699  
Fax#314-9086

This report was prepared in collaboration with the Governor's Committee by the Institute of Criminal Justice & Criminology of the University of Maryland at College Park.

## Table of Contents

<u>Section</u>	<u>Page</u>
Introduction	1
Alcohol Accidents and Fatalities	3
Drunk Driving Arrests	5
Disposition of Drink Driving Arrests	6
Assessment of Treatment of Drunk Drivers	10
Conclusion	13
Appendix A -- Statistical Tables	16

## DRUNK DRIVING IN MARYLAND

### Introduction

This is the first Annual Report of the Governor's Executive Committee for Drunk and Drugged Driving (hereinafter the Committee). It describes the current levels of drunk driving, the role of alcohol in accidents and fatalities, and the extent to which the criminal justice systems and the health systems are responding to drunk drivers in the State. The report is intended to help the public and policy-makers to better understand the nature and extent of the drunk driver problem in Maryland and to assess the degree to which efforts undertaken in the State have been effective in addressing this problem. The Committee anticipates that similar reports will be produced each year, adding data to help us understand the trends developing with regards to drunk driving in Maryland.

The Committee notes that the General Assembly has enacted several laws in the past few years which it is hoped will have significant impact on the drunk and drugged driving problem in Maryland. These bills include the reduction of BAC levels for DWI from .13 to .10; an Administrative Per Se law; and a law authorizing the testing of blood of suspected drugged drivers. Because it is still too early to evaluate the impact of these laws, this report does not specifically address their implications. This report is based upon data routinely and currently collected by state and local agencies. The committee



expects that in future years reported data will expand as agencies become better able to collect information considered useful by the committee, including data generated by the new laws.

In recent years the State of Maryland has made substantial progress in increasing the public's awareness of the problems of drunk driving and in developing programs as well as the legislation to address the problem. The State continues to improve its response to drunk driving and, in comparison to other states, Maryland appears to be making substantial progress. Concern about drunk driving has been primarily motivated by the public's increased awareness of the role this behavior plays in automobile fatalities. Therefore, in this report the Committee, in assessing how the State is addressing the problem of drunk driving, places primary emphasis on alcohol related accidents and fatalities. While this does not directly assess the impact of any of the legislation enacted or programs developed in recent years, it is the Committee's belief that this is a primary yardstick of concern to the public and policy-makers. After reviewing available data on the accidents and fatalities in which alcohol is a contributing factor, the report will consider the activities of police, courts, probation and parole, the Motor Vehicle Administration, and the Department of Health and Mental Hygiene as they relate to the drunk driving problem.

Throughout the analysis, data are represented for the period

1985 - 1989.<sup>1</sup> The selection of 1985 as the base year was not based upon any understanding that this represented a particularly important year with regards to drunk driving in the State. The Committee decided that a five-year time span would allow for some understanding of trends, and, therefore, 1985 was selected, recognizing that the selection of a base year is sometimes critical in making assessments of change. The Committee believes that emphasis on year to year changes and understanding of five year and longer trends provides us with the clearest understanding of how we are doing in addressing this critical social problem.

It should also be noted that dispositional data reported herein do not include cases tried in the Circuit Courts as a result of appeals or prayers for jury trial, since that information is not presently available.

### **Alcohol Accidents and Fatalities**

Tables 1 and 2 present data on the role alcohol has played in fatal accidents and fatalities. Table 1 demonstrates that during the period 1985 - 1989, there has been a steady decline in the total number of accidents in which alcohol was a contributing factor. In 1985 there were 5,945 such accidents. This decreased by 7.8% in 1986 to a figure of 5,484. Subsequent decreases can

---

<sup>1</sup> Some data are for calendar years, others are for fiscal year. This reflects differences in the information systems of various agencies but does not affect the interpretations in this report.

be seen in 1987 and 1988. In 1989 there was a slight increase over 1988 (1.3%). For the period 1985 - 1989, the percentage decline in total accidents in which alcohol was a probable cause is a substantial 13.9%.

While total accidents in which alcohol was a contributing factor have declined, the number of fatal accidents in which alcohol was a contributing factor have not shown a similar pattern. In 1985 there were 85 such accidents. This increased to 117 in 1986, decreased to 100 in 1987, increased again to 107 in 1988, and in 1989 the number of fatal accidents in which alcohol was a contributing factor totaled 91. The pattern for the period 1985 - 1989 shows substantial variation from year to year reflecting the small numbers of fatalities overall, but also suggests that unlike total accidents there has not been a steady decline in fatal accidents in which alcohol is a factor. These fatal accidents continue to range in the area of 85 to 120 per year, with a 7% increase over the five-year period.

Table 2 provides information on the number of individuals fatally injured that tested positive for alcohol. These data indicate that while there has been a small decline in the number of fatally injured that tested positive for alcohol from 284 in 1985 to 234 in 1989, the pattern of change has not been consistent. From 1985 to 1986 there was a 6.3% increase; from 1986 to 1987, a 13.3% decrease; from 1987 to 1988, essentially no change; and from 1988 to 1989, an 11.4 decrease. The pattern of fatally injured corresponds to the pattern for total fatal

accidents with total numbers remaining in the same range during this period. The small decline can represent some progress, but also demonstrates the substantial problem facing the State as it attempts to significantly reduce the number of fatalities associated with alcohol consumption.

### Drunk Driving Arrests

Table 3 contains information on the number of arrests for drunk driving (Driving Under Influence and Driving While Intoxicated) for the period 1985 - 1989. The data in this table suggests that the number of these arrests has been increasing gradually through this period. In 1985 there were 31,873 arrests. This decreased slightly in 1986 to 31,154 (a 2.3% decrease) but has increased since then at about 5 to 6% a year to a high in 1989 of 36,573. During this period, as arrests were increasing, the percentage of those arrested who refused to take a blood or breath test has remained relatively constant at approximately 30%. However, during the first six months of 1990 the test refusal rate has declined to approximately 22%. The Committee assumes that those refusing to take the test might show even higher levels of alcohol than those who take the test, although there is no direct evidence on this.

In addition to considering whether drunk driving arrests have increased, the Committee considered whether the arrests were also increasing for those who exceed current legal levels of Blood Alcohol Concentration (BAC). Table 4 shows the data for

arrests for drunk driving where the blood alcohol level is greater than .06. As can be seen in this table, the arrests of this type have changed in the same pattern as the arrests for all drunk driving - a slight decrease in 1986 followed by roughly increases in 1987 and 1988, with a substantial increase in 1989 (11.4%).

In summary, it would appear that law enforcement efforts in the State have resulted in increases in the number of arrests of individuals with blood alcohol levels that meet current legal definitions of drunk driving. The Committee is unable to assess whether there has been a change in the proportion of drunk drivers who are arrested since no data exist on the total number of drunk drivers.

#### **Dispositions of Drunk Driving Arrests**

Table 5 contains data on the disposition of drunk driving cases in District Courts. These data show a significant decrease in the percentage of cases disposed of by conviction, from 72.6% of all dispositions in 1985 to 55.9% in 1989, a figure that closely parallels the figure of 55.7% in 1988. During this period conviction by finding of guilt went from 40.8% of all dispositions to 28.2%, while conviction by finding of probation before judgment went from 31.8% to 27.7% of all dispositions. Correspondingly, there have been significant increases in the percentage of cases requesting jury trial, an increase of from 15% in 1985 to approximately 20% to 21% for the period 1987 to

1989, and an increase in cases that were nolle prossed from 5.3% of all cases in 1985 to 13.5% of all cases in 1989. Total dispositions increased approximately 27% during the period 1985 - 1989.

In order to better understand the changes in convictions, the Committee considered the percentage of cases resulting in a conviction disposition if jury trials were eliminated from the totals. Eliminating jury trial prayers from the totals, the conviction percentages declined from 82.4% in 1985 to 70% of all dispositions in 1989. Therefore, even when eliminating jury trial prayers, the proportion of dispositions resulting in a conviction has decreased appreciably during this time.

The other means by which action is taken against those involved in drunk driving in the State of Maryland is through administrative dispositions by the Motor Vehicle Administration. Tables 6, 7 and 8 present information on the total number of hearing actions taken by the Motor Vehicle Administration during the period 1986 through 1989. The number and percentage of all hearing actions resulting in revocation, suspension, restrictions, referral to Medical Advisory Board, and all other actions are presented in Table 6. These data indicate a decrease in the total number of hearing actions from 1986 - 1989. During this period suspension of license was used most often, followed by license restrictions, other actions (e.g. number 9 restriction and revocation or suspension in abeyance), revocation, and referral to the Medical Advisory Board. Little

change in the overall disposition patterns occurred during this five year period.

As one might expect, the patterns of disposition differ for different kinds of offenses and offenders. Table 7 contains information on the disposition of Motor Vehicle Administration hearings for all offenses, driving while under the influence, and driving while intoxicated. These data suggest first that the predominant disposition, regardless of type of offense, is suspension. For example, in each year the highest percentage of dispositions was for suspension for all offenses, DWI and DUI offenses. The second most likely disposition was restriction of license, which occurred as the second most frequent disposition for all offenses for DWI and for DUI offenses. The third and least likely mode of disposition in these cases was revocation.

The pattern within these various offenses was erratic during this period. For example, in the case of revocations, while for all offenses 5.4% of hearing actions resulted in a revocation in 1986, dropping to only 1.9% in 1987, that number increased to 4.7% in 1988 and 9% in 1989. Perhaps, more importantly, for the driving while intoxicated offenses the proportion resulting in revocation was 18.9% in 1986, down to 3.6% in 1987, rising again to 13.1% in 1988 and 30.4% in 1989.

One possible explanation for this disposition pattern could be a change in the nature of the offenders. Table 8 contains data on the revocation, suspension, and restriction dispositions for individuals appearing for their first, second, third, or

fourth or more offense. First, it should be noted that the proportion of individuals disposed of by the MVA who were first time offenders has increased slightly during the period 1986 - 1988. In 1986, 57.7% of all actions taken at MVA were on individuals for whom this was their first offense. In 1987 and 1988 this figure was approximately 65%. Therefore, the trend within MVA hearings has been to a slight increase in the percentage of hearings in which the offender is being seen for their first offense and a corresponding decrease in those with second, third, or four or more offenses. Again, the findings contained in Table 8 show that the predominant mode of disposition for all offender types is suspension, followed by restriction, followed by revocation. There is, however, a rather clear indication that as individuals have more prior offenses, the probability of revocation increases. For example, in 1988, for those who were first time offenders 2.5% of the dispositions were revocation, compared to 8% for second offenders, 8.8% for third time offenders, and 18.2% for those with four or more offenses. Thus, suspension remains the major mode of disposition for all offenders regardless of prior records.

The Committee does note that for those with four or more offenses, there was a gradual decline in the use of suspension (from 59% in 1986 to 66% in 1987, down to a low of 47% in 1988, returning to 59% in 1989), and a decrease in the use of license restrictions (from 13.6% of all dispositions of four or more offenders in 1986 to 6% in 1989). Correspondingly, there has



been an increase in the percent with revocations (from 11.5% in 1986 to 26% in 1987, to 18.2% in 1988, and 19.8% in 1989). It would appear there is, for those with four or more offenses, a slight increase in the probability of receiving revocation, but the overall finding remains that the predominant mode of disposition regardless of number of prior offenses is suspension.

#### **Assessment and Treatment of Drunk Drivers**

The Department of Health and Mental Hygiene is given primary responsibility for the assessment of the degree to which those arrested for drunk driving have a drinking problem and to specify appropriate treatments for those individuals. Tables 9 and 10 contain data for the period 1985 - 1989 on the activities of the health department in these areas. Table 9 shows a gradual increase in the number of individuals referred to health departments for assessment, from a total of 15,488 in 1985 to a total of 17,201 in 1989. This represents substantial increase, particularly in the period 1987 - 1988 (9% increase) and 1988 - 1989 (5.3% increase). During this period, the proportion of individuals assessed and identified as problem drinkers has increased gradually. In 1985, 70.4% of the individuals assessed were designated as problem drinkers, and 29.6% were designated as social drinkers. This increased gradually and steadily throughout the period to a level of 78.2% in 1989 identified as problem drinkers and 21.8% identified as social drinkers.

As might be expected, the gradual increase in the proportion

of individuals identified as problem drinkers is reflected in the prior arrest records of those assessed. In 1985, 70.7% of the individuals assessed had no prior arrests, 22% had one prior arrests, 5.5% had 2, and 1.8% had 3 or more. Throughout the more recent years, this percentage has decreased for first time offenders and increased gradually for those with more than one offense, so that by 1989 64.2% had no prior arrests, 25.0% had one offense, 7.6% had 2 or more, and 3.2%, or almost twice the 1985 percentage, had 3 or more prior offenses. Thus, during the period 1985 - 1989, those referred for assessment were more likely to be problem drinkers and were more likely to have more extensive prior drunk driving records.

Table 11 shows the disposition by the health departments of those individuals referred for treatment. During the period 1985 - 1989 there has been a significant decrease in the number of individuals referred to the Motor Vehicle Administration's education program. This was in part a reflection of an increase in the use of private sector (outpatient) education programs. In 1985 15.6% of all individuals referred were referred to this program. This dropped by 1989 to 10.1%. Similar drops were observed with regards to the use of health department referrals. In 1985, 46% of all referrals were to health department outpatient treatment. This declined in 1989 to approximately 39.4%. While declines were experienced in the areas of MVA education programs and health department outpatient, referrals for private outpatient and residential treatment increased during

this period. In 1985 2.1% of all referrals were to private outpatient and 1.9% were to residential treatment. By 1989 this has increased to 9.1% for private outpatient and 4.8% for residential. Although these remain relatively small proportions of the individuals referred to treatment, the trend suggests movement towards greater utilization of private outpatient and residential treatment options. Referral to self-help groups remains an important source of referral throughout this period. In 1985 27.1% of all referrals were to self-help groups. This referral method remained at a fairly constant level to 1989 when 26.7% of all referrals were to such groups.

The Drinking Driver Monitor Program (DDMP) administered by the Division of Parole and Probation has increasingly become a source of referral for drunk driving. During the period 1985 - 1989, the DDMP increased its caseload from an end of year total in 1985 from 12,949 to 21,837 in 1989 (a 68.6% increase). Tables 12A and 12B contain information on the source of clients for the Drunk Driver Monitoring Program and the disposition of discharged cases from that program during the period 1985 to 1989. Table 12A suggests that while the total number of clients received has increased dramatically during this period, the source of clients has remained relatively constant. The vast majority are referred from courts (89% in 1985, 90% in 1989) with only modest referrals from MVA - Medical Advisory Boards and from the MVA - Alcohol Education Program. Table 12B contains information on the discharge of clients from DDMP. While the total number of

discharges has increased dramatically during this period consistent with the increased workload of the program, the proportion of discharges that are by the court has increased dramatically from 7.6% in 1985 to 13.3% in 1989. Similarly, the percentage of discharges that have been removed satisfactorily has decreased in the period 1988 to 1989 after showing significant increases during the periods 1985 to 1988. Other discharge patterns remain relatively constant. These figures suggest that the DDMP while handling significant number of clients, may be experiencing problems in the most recent year in having enough resources to produce a reasonable proportion of cases that are satisfactorily dismissed.

### Conclusions

This review of routinely collected data on drunk driving in Maryland has identified a number of trends in the enforcement of drunk driving laws. These include: 1) a small, gradual decline in driving fatalities that are related to alcohol use; 2) a substantial increase in the number of arrests; 3) substantial increases in the proportion of convictions resulting in probation before judgement; 4) increases in the percentage of cases disposed of by nolle prose and requests for jury trial; 5) substantial increases in the case loads in the Drinking Driver Monitoring Program; and, 6) substantial increases in the proportion of cases referred for treatment that are repeat offenders. Overall, the Committee concludes there has been only

modest progress in our efforts to address the problem of drunk driving.

The Committee plans to continue this report in future years. Next year's report will include data on the implementation of the administrative per se law. The Committee does note that in the first six months of 1990 the number of arrests for drunk driving was down by 9.6% compared to the same period in 1989. While this could mean that drunk driving has declined, the Committee is concerned that this may reflect a change in enforcement practices that have been prompted by the paperwork requirements of the administrative per se law. This will be explored more fully during the coming year.

In order to better understand drunk and drugged driving in Maryland the Committee has identified several steps which can be taken. First, the extent and quality of data collected on drunk and drugged driving must be improved.<sup>2</sup> In particular, efforts must be made to obtain statistics from the Circuit courts concerning appeal and jury trial dispositions. The Committee has

---

<sup>2</sup> For example, previously, all data reported on Drunk Drivers through the Department of Health and Mental Hygiene has been reported on clients only in the public treatment sector. As of July 1, 1990 the Data Reporting System has been expanded to include all DWI offenders in the private as well as the public sector statewide. In addition, the linkage in the data reporting system has been provided to determine the numbers of DWI offenders who successfully complete treatment. Future recidivism studies will be able to correlate successful completion of treatment with Drunk Driving rearrest to determine the most effective type of treatment.

identified a number of indicators of these problems other than those included in this report, and will be working during the coming year to encourage relevant agencies to routinely collect and provide these data to the Committee. This will enable us to better describe drunk and drugged driving in our State. Second, we need to better understand recidivism and the effectiveness of our responses to drunk driving in reducing the number of repeat offenders. To that end, the Committee plans to develop and begin a study of recidivism and program effectiveness. Finally, the Committee concludes we need better data on the cost of drunk and drugged driving. While we are not optimistic about developing estimates of the total social costs attributable to drunk and drugged driving, we do believe that we can and should develop better estimates of the direct costs to taxpayers of responding to these problems. Such data would allow us to provide assistance to those responsible for developing budgets for agencies responding to these problems.

Drunk and drugged driving continue to be a significant problem for the State of Maryland. Without a better understanding of the scope and nature of these problems we will not be able to improve our prevention and control of them. The Committee will continue to collect and analyze data that will allow policy-makers and citizens to assess our progress in combatting one of the most important health and law enforcement problems facing our State.

## Appendix A

### Statistical Tables Referenced in Report

TABLE 1

ACCIDENTS WITH ALCOHOL AS A CONTRIBUTING FACTOR \*

<u>YEAR</u>	<u>TOTAL OF ALL ACCIDENTS</u>	<u>TOTAL ACCIDENTS ALCOHOL RELATED</u>	<u>% CHANGE OVER PREVIOUS YEAR</u>	<u>FATAL ACCIDENTS</u>	<u>% CHANGE OVER PREVIOUS YEAR</u>
1985	131,226	5,945	-----	85	-----
1986	125,939	5,484	- 7.8	117	+ 37.7
1987	117,553	5,310	- 3.2	100	- 14.5
1988	115,245	5,053	- 4.8	107	+ 7.0
1989	113,084	5,119	+ 1.3	91	- 14.9

---

% Change 1985-89

\* In the opinion of the investigating officer alcohol was a contributing factor.



TABLE 2

FATALLY INJURED THAT TESTED POSITIVE FOR ALCOHOL

<u>YEAR</u>	<u># TESTING POSITIVE FOR ALCOHOL</u>	<u>% CHANGE OVER PREVIOUS YEAR</u>
1985	284	----
1986	302	+ 6.3
1987	262	- 13.3
1988	264	NO CHANGE
1989	234	- 11.4

TABLE 3

## ARRESTS FOR DRUNK DRIVING

<u>YEAR</u>	<u># OF ARRESTS</u>	<u>% CHANGE OVER PREVIOUS YEAR</u>
1985	31,873	-----
1986	31,154	- 2.3
1987	33,017	+ 6.0
1988	34,815	+ 5.5
1989	36,573	+ 5.1

**TABLE 4**

**ARRESTS FOR DRUNK DRIVING WHERE BAC IS 10% OR GREATER**

<u>YEAR</u>	<u># OF ARRESTS</u>	<u>% CHANGE OVER PREVIOUS YEAR</u>
1985	21,085	-----
1986	20,444	- 3.0
1987	20,923	+ 2.3
1988	22,260	+ 6.4
1989 *	24,806	+11.4

---

\* 1989 data are for .07 or greater.

TABLE 5

## DISTRICT COURT DISPOSITIONS OF DRUNK DRIVING CASES

<u>YEAR</u>	<u>CONVICTIONS</u>		<u>JURY TRIAL PRAYERS/%</u>	<u>NOT GUILTY/%</u>	<u>NOLLE PROSEQUIS/%</u>	<u>STET/%</u>	<u>MERGED/ OTHER/%</u>	<u>TOTAL DISPOSITIONS</u>
	<u>GUILTY FINDING/%</u>	<u>PROBATION BEFORE JUDGMENT/%</u>						
1985	13,426 40.8	10,482 31.8	4,903 14.9	1,213 3.7	1,755 5.3	368 1.1	782 2.4	32,929
1986	10,843 35.3	10,027 32.6	5,970 19.4	1,347 4.4	2,184 7.1	381 1.2	—	30,752
1987	10,886 31.2	10,274 29.5	7,420 21.3	1,983 5.7	3,432 9.6	536 1.5	309 .9	34,840
1988	11,217 28.9	10,790 27.8	8,329 21.4	2,483 6.4	4,790 12.3	737 1.9	509 1.3	38,855
1989	11,757 28.2	11,548 27.7	8,643 20.7	2,585 6.2	5,628 13.5	732 1.8	803 1.9	41,696

TABLE 6

## MOTOR VEHICLE ADMINISTRATION HEARING ACTION DISPOSITIONS (90)

<u>YEAR</u>	<u>TOTAL HEARING ACTIONS</u>	<u>REVOCATIONS</u>	<u>SUSPENSIONS</u>	<u>RESTRICTIONS</u>	<u>REFER TO MAB</u>	<u>OTHER ACTIONS</u>
1986	21,480	1,152 (5.4)	13,491 (6.26)	3,844 (18.4)	337 (1.6)	2,566 (12.0)
1987	24,785	463 (1.9)	13,186 (53.2)	6,923 (27.9)	227 (0.9)	3,986 (16.1)
1988	18,825	879 (4.7)	9,536 (50.7)	4,168 (22.1)	818 (4.4)	3,424 (18.1)
1989	18,831	1,583 (8.4)	11,612 (61.7)	1,923 (10.2)	683 (3.6)	3,030 (16.1)

TABLE 7

MOTOR VEHICLE ADMINISTRATION HEARING DISPOSITIONS BY TYPE OF OFFENSE

<u>YEAR</u>	<u>% OF REVOCATIONS</u>			<u>% OF SUSPENSIONS</u>			<u>% OF RESTRICTIONS</u>		
	<u>ALL OFFENSES</u>	<u>DWI</u>	<u>DUI</u>	<u>ALL OFFENSES</u>	<u>DWI</u>	<u>DUI</u>	<u>ALL OFFENSES</u>	<u>DWI</u>	<u>DUI</u>
1986	5.4	18.9	4.7	62.8	41.0	54.3	18.4	19.1	19.6
1987	1.9	3.6	2.3	53.2	39.6	47.3	27.9	19.5	25.9
1988	4.7	13.1	5.3	50.7	32.5	42.5	22.1	7.6	22.4
1989	9.0	30.4	6.9	61.7	49.3	55.2	10.2	8.8	6.6

TABLE 8

## MOTOR VEHICLE ADMINISTRATION HEARING DISPOSITIONS BY OFFENDER PRIOR RECORD

<u>YEAR</u>	<u>% REVOCATION</u> <u>(OFFENSE #)</u>				<u>% SUSPENSION</u> <u>(OFFENSE #)</u>				<u>% RESTRICTION</u> <u>(OFFENSE #)</u>			
	<u>1ST</u>	<u>2ND</u>	<u>3RD</u>	<u>4TH</u>	<u>1ST</u>	<u>2ND</u>	<u>3RD</u>	<u>4TH</u>	<u>1ST</u>	<u>2ND</u>	<u>3RD</u>	<u>4TH</u>
1986	3.0	6.8	11.0	11.5	69.2	55.6	47.2	59.2	13.1	26.4	30.3	13.6
1987	1.0	2.8	4.1	26.6	54.3	50.7	50.3	66.0	24.6	35.5	36.0	0.0
1988	2.5	8.0	8.8	18.2	53.7	42.3	51.5	47.1	21.0	30.5	13.1	1.4
1989	5.0	12.3	26.7	19.8	63.3	62.0	46.1	59.1	11.7	7.9	4.4	6.1

TABLE 9

RESULTS OF HEALTH DEPARTMENT ASSESSMENT OF DRUNK DRIVERS

<u>YEAR</u>	<u>TOTAL ASSESSMENT</u>	<u>% CHANGE</u>	<u>PROBLEM DRINKERS (%)</u>	<u>SOCIAL DRINKERS (%)</u>
1985	15,488		10,912 (70.4)	4,576 (29.6)
1986	14,966	- 3.4	11,035 (73.7)	3,931 (26.3)
1987	14,869	- .1	11,106 (74.7)	3,763 (25.3)
1988	16,339	+ 9.0	12,726 (77.9)	3,613 (22.1)
1989	17,201	+ 5.3	13,445 (78.2)	3,756 (21.8)



**TABLE 10**

**NUMBER (%) OF PRIOR ARRESTS OF THOSE ASSESSED BY HEALTH DEPARTMENT**

<u>YEAR</u>	<u>PRIOR ARRESTS</u>			
	<u>NONE (%)</u>	<u>ONE (%)</u>	<u>TWO (%)</u>	<u>THREE OR MORE (%)</u>
1985	10,953 (70.7)	3,399 (22.0)	851 (5.5)	285 (1.8)
1986	10,035 (67.1)	3,579 (23.9)	993 (6.6)	359 (2.4)
1987	9,599 (64.6)	3,724 (25.0)	1,095 (7.4)	451 (3.0)
1988	10,501 (64.3)	4,125 (25.3)	1,231 (7.5)	482 (2.9)
1989	11,053 (64.2)	4,293 (25.0)	1,314 (7.6)	541 (3.2)

TABLE 11

## HEALTH DEPARTMENT PLACEMENT RECOMMENDATION

PLACEMENT RECOMMENDATION # (%)

<u>YEAR</u>	<u>MVA EDUCATION</u>	<u>PRIVATE OUTPATIENT</u>	<u>HEALTH DEPARTMENT</u>	<u>RESIDENTIAL</u>	<u>SELF HELP GROUPS</u>	<u>OTHER</u>
1985	5,317 (15.6)	474 (2.1)	10,550 (46.8)	438 (1.9)	6,120 (27.1)	1,464 (6.5)
1986	3,046 (13.3)	1,530 (6.7)	10,330 (45.1)	983 (4.3)	5,603 (24.5)	1,408 (6.2)
1987	2,936 (12.4)	2,297 (9.7)	9,725 (41.2)	1,253 (5.3)	5,943 (25.2)	1,473 (6.2)
1988	2,561 (10.5)	1,899 (7.8)	10,216 (41.7)	1,219 (5.0)	6,532 (26.7)	2,085 (8.5)
1989	2,648 (10.1)	2,374 (9.1)	10,322 (39.4)	1,255 (4.8)	7,009 (26.7)	2,595 (9.9)

**TABLE 12A**

**CLIENTS RECEIVED BY DRINKING DRIVER MONITOR PROGRAM  
DIVISION OF PAROLE AND PROBATION**

# RECEIVED (%)

<u>YEAR</u>	<u>TOTAL</u>	<u>COURTS</u>	<u>MVA - ALCOHOL EDUCATION PROGRAM</u>	<u>MVA - MEDICAL ADVISORY BOARD</u>
1985	10,896	9,736 (89.4)	N.A.	N.A.
1986	12,193	10,792 (88.5)	210 (1.7)	1,191 (9.8)
1987	10,748	9,712 (90.4)	155 (1.4)	881 (8.2)
1988	13,628	12,336 (90.5)	214 (1.6)	1,078 (7.9)
1989	15,486	13,748 (88.8)	128 (0.8)	1,610 (10.4)

TABLE 12B

CLIENTS DISCHARGED FROM DRINKING DRIVER MONITORING PROGRAM  
DIVISION OF PAROLE AND PROBATION

<u># REMOVED (%)</u>					
<u>YEAR</u>	<u>TOTAL</u>	<u>SATISFACTORY</u>	<u>MISC. REMOVALS</u>	<u>DISCHARGED BY COURT</u>	<u>DISCHARGED BY MVA, MAB OR AEP</u>
1985	4,049	2,664 (65.8)	1,012 (25.0)	308 (7.6)	65 (1.6)
1986	7,536	5,982 (78.6)	685 (9.1)	576 (7.6)	293 (3.8)
1987	10,260	7,450 (72.6)	1,172 (11.4)	1,148 (11.2)	490 (4.8)
1988	11,557	8,436 (73.0)	2,300 (12.1)	1,676 (14.5)	43 (.4)
1989	13,814	9,190 (66.4)	2,300 (16.7)	1,833 (13.3)	491 (3.6)